

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/23/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G553		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/05/2012	
NAME OF PROVIDER OR SUPPLIER  ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 1921 54TH AVE W MERRILLVILLE, IN 46410			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: February 27, 28, 29 and March 5, 2012</p> <p>Facility number: 001067 Provider number: 15G553 AIM number: 100245460</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/14/12 by Ruth Shackelford, Medical Surveyor III.</p>			W0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview, for 1 of 2 sampled clients (client #1), the facility failed to ensure the client's rights by not obtaining a health care representative or legally sanctioned decision maker to assist in medical and financial decisions.</p> <p>Findings include:</p> <p>A review of the facility's record was conducted at the facility's administrative office on 2/27/12 at 10:00 A.M.. Review of the group home client roster dated 2/27/12 indicated client #1 did not have legally sanctioned decision maker to assist in medical and financial decisions.</p> <p>A morning observation was conducted at the group home on 2/27/12 from 6:00 A.M. until 8:45 A.M.. During the entire observation period client #1 wore an oxygen mask. Client #1 did not communicate during the entire observation period.</p> <p>A review of client #1's record was</p>		W0125	<p>An application for guardianship has been submitted. NIAGS is pursuing Guardianship through the Indiana Courts.</p> <p>To ensure future compliance the Service Coordinator will maintain contact with NIAGS weekly to monitor the status/progress.</p>		04/04/2012	

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	<p>conducted at the facility's administrative office on 2/29/12 at 12:15 P.M.. Review of client #1's "Conference Summary Form" dated 1/18/12 indicated:</p> <p>"Continue to need assistance in making major life decisions. Encourage her to further develop decision making skills by providing opportunities to make single decisions/choices." The "Developmental Assessment" dated 3/14/11 indicated:</p> <p>"Cannot read or write, has no understanding of numbers. Needs assistance in money handling, banking, budgeting, shopping and purchasing. Does shopping with close supervision. Unable to endorse a check." The Individual Support Plan (ISP) dated 1/18/12 indicated: "Legal Status: Self...Individual's Diagnosis: Diabetes, History of Bowel obstruction, Gastro Reflux...Emergency Contact: None noted...Will continue to learn to sort coins into bowls by amount (Pennies, Nickels, Dimes and Quarters)...Will continue to learn the name and purpose of one of her medications...Non-insulin dependent Diabetes Mellitus-controlled by medication, History of seizures, History of bowel obstructions-High Risk plan, GERD (gastro-esophageal reflux disease) controlled by medication and risk plan, Wears orthopedic appliances on both feet/legs, Asthma/COPD (chronic obstructive pulmonary disease)-High risk</p>						

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	<p>plan, Hypothyroidism and Hypertension risk plans, Alteration in respiratory status related to Asthma/COPD, BiBap (bilevel positive airway pressure), on oxygen continuously." Review of client #1's "General Risk factors Assessment" dated 1/18/12 indicated: "Has or has had chronic health problems /illnesses...has had an acute health problem/illness in past 12 months...has had an ER (emergency room) visit, admission to outside facility or infirmary for treatment of acute or chronic health problem in past 12 months...currently taking one or more prescription medications...diagnosis of GI (gastro intestinal) Reflux or receives treatment for GERD symptoms...is unaware of environmental dangers...alteration in respiratory status related to asthma with COPD, non-insulin dependent diabetes mellitus at risk for hyper or hypo glycemic reaction, GERD, Hypothyroidism, hypertension and bowel obstruction, related to hypothyroidism, continuous oxygen."</p> <p>An interview with the Service Coordinator (SC) was conducted at the facility's administrative office on 2/29/12 at 12:40 P.M.. SC #1 indicated client #1 did not have legally sanctioned decision maker to assist in making medical and financial decisions and was not capable of making medical and financial decisions</p>						

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	independently.  9-3-2(a)						

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview, the facility failed 2 of 2 sampled clients and 2 additional clients (clients #1, #2, #3 and #4) to implement written objectives during times of training opportunities.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 2/27/12 from 6:00 A.M. until 8:45 AM. During the entire observation period clients #1, #2, #3 and #4 sat in the living room area with no activity. At 7:20 A.M., Direct Support Professional (DSP) #1 administered client #3's medications. DSP #1 popped each of client #3's medications onto a paper towel and instructed client #3 to take her medications. Client #3 was not asked to respond to oral or topical medications. At 7:25 A.M., DSP #1 administered client #2's medications. DSP #1 popped out each of client #2's medications onto a paper towel and instructed client #2 to take her medications. Client #2 did not</p>		W0249	<p>Service Coordinator will re-train DSPs on implementation of programming for clients # 1,2,3 &amp;4</p> <p>To ensure future compliance, Service Coordinator will monitor twice monthly for 3 months and monthly thereafter.</p>		04/04/2012	

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	<p>state the signs and symptoms of her ailments. At 7:55 A.M., DSP #1 administered client #1's medications. DSP #1 popped each of client #1's medications onto client #1's hands and instructed client #1 to take her medications. Client #1 was not prompted to state the name and purpose of her medications. During the observation Direct Care Staff (DCS) #2 prepared oatmeal and toast. While DCS #1 prepared the morning meal clients #1, #2, #3 and #4 sat in the living room with no activity or interaction. At 8:10 A.M., DCS #2 walked around the table, set each client's bowl and plate and served each client their breakfast onto their plates and bowls.</p> <p>Client #1's records were reviewed on 2/29/12 at 12:15 P.M.. A review of the client's Individual Support Plan (ISP) dated 1/18/12 indicated: "Will continue to learn to sort coins into bowls by amount (Pennies, nickels, dimes and quarters)...will learn to engage in a group sensory activity daily...will learn to make a side dish...will continue to learn the name and purpose of her medications...will complete a personal skills checklist."</p> <p>Client #2's records were reviewed on 2/29/12 at 11:30 A.M.. A review of the</p>						

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	<p>client's ISP dated 12/8/11 indicated: "Will learn to set her place at the table...will continue to learn about her medications, signs and symptoms."</p> <p>Client #3's records were reviewed on 2/29/12 at 10:40 A.M.. A review of the client's ISP dated 1/19/12 indicated: "When given a choice of two items, will choose by pointing to the one she wants to communicate with others...will match coins to said like coins...will learn to set her place on the table when given initial verbal cue...will continue to respond correctly to oral or topical medication...will complete a daily hygiene checklist...will continue to work on sensory activities...will continue to engage in a group socialization activity."</p> <p>Client #4's records were reviewed on 2/29/12 at 12:35 P.M.. A review of the client's ISP dated 1/23/12 indicated: "Will learn to cook a healthy side dish...will read to other clients...will continue to make change for up to \$5.00...will continue to learn to cook a healthy side dish...will continue to learn about her medication...will continue her Physical Therapy exercises...will complete an oral hygiene checklist including flossing her teeth."</p> <p>The Service Coordinator (SC) was</p>						



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	<p>interviewed on 2/29/12 at 12:40 P.M..</p> <p>The SC indicated active treatment should be ongoing and training objectives should be implemented at all times of opportunity.</p> <p>9-3-4(a)</p>						

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W0388	<p>483.460(m)(1)(i) DRUG LABELING Labeling for drugs and biologicals must be based on currently accepted professional principles and practices.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 4 clients (client #3), who received medication, to have the medication labeled from the pharmacy.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 2/27/12 from 6:00 A.M. until 8:45 A.M.. Client #3's medications were administered by Direct Support Professional (DSP) #1 at 7:20 A.M.. A medication packet of Alendronate Sodium tablet was taken from client #3's unlabeled medication bag. The packet did not contain client #3's name or instructions for administration. The packet did not contain a pharmacy label.</p> <p>An interview was conducted on 2/27/12 at 7:23 A.M., with DSP #1. DSP #1 indicated the packet was for client #3, however it did not have a pharmacy label on it.</p> <p>A review of client #3's record was conducted on 2/29/12 at 11:15 A.M.. Client #3's February 2012, Physicians</p>		W0388	<p>Community Services Nurse will check all medications for proper Labeling</p> <p>To ensure future compliance, Community Services Nurse will review new medication supplies monthly &amp;/or as ordered/refilled.</p>		04/04/2012	

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	<p>Orders (PO) indicated: "Alendronate Sodium tablet...70 mg. (milligram) once weekly."</p> <p>An interview with the Service Coordinator (SC) was conducted on 2/29/12 at 12:40 P.M.. The SC indicated all medications should have a pharmacy label on them.</p> <p>9-3-6(a)</p>						

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W0484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview, the facility failed for 4 of 4 clients (clients #1, #2, #3 and #4) living in the group home to provide condiments at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 2/27/12 from 6:00 A.M. until 8:45 A.M.. During the observation Direct Support Professional (DSP) #2 prepared oatmeal and toast. At 8:10 A.M., clients #1, #2, #3 and #4 were observed eating breakfast. The table was observed to have no butter, jelly, sugar/sugar substitute or milk. DSP #2 did not put out any condiments for the clients to use.</p> <p>An interview with the Service Coordinator (SC) was conducted on 2/29/12 at 12:40 P.M.. The SC indicated condiments should be put on the table for the clients to use at all meals.</p> <p>9-3-8(a)</p>		W0484	<p>Service Coordinator will re-train DSPs on providing condiments on the table during all meal times.</p> <p>To ensure future compliance, Service Coordinator will monitor twice monthly for 3 months, and monthly thereafter</p>		04/04/2012	

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview, the facility failed to assure 4 of 4 sampled clients living in the group home (clients #1, #2, #3, and #4) participated in family style dining.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 2/27/12 from 6:00 A.M. until 8:45 A.M.. During the observation Direct Care Staff (DCS) #2 prepared oatmeal and toast. While DCS #1 prepared the morning meal clients #1, #2, #3 and #4 sat in the living room with no activity. At 8:10 A.M., DCS #2 walked around the table, set each client's bowl and plate and served each client their breakfast onto their plates and bowls. Clients #1, #2, #3 and #4 did not assist in meal preparation and did not serve themselves.</p> <p>Client #1's records were reviewed on 2/29/12 at 12:15 P.M.. A review of the client's 12/27/10 Comprehensive Functional Assessment indicated the client was developmentally capable of participating in dining and meal tasks.</p>		W0488	<p>Service Coordinator will re-train DSPs to encourage all clients to participate in meal preparation, and serving themselves to the extent of their capabilities.</p> <p>To ensure future compliance, Service Coordinator will monitor twice monthly for 3 months, then monthly thereafter.</p>		04/04/2012	

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	<p>Client #2's records were reviewed on 2/29/12 at 11:30 A.M.. A review of the client's 11/21/11 Comprehensive Functional Assessment indicated the client was developmentally capable of participating in dining and meal tasks.</p> <p>Client #3's records were reviewed on 2/29/12 at 10:40 A.M.. A review of the client's 1/19/12 Individual Support Plan (ISP) indicated the client was developmentally capable of participating in dining and meal tasks.</p> <p>Client #4's records were reviewed on 2/29/12 at 12:35 P.M.. A review of the client's 1/23/12 ISP indicated: "Will learn to cook a healthy side dish."</p> <p>An interview with the Service Coordinator (SC) was conducted on 2/29/12 at 12:40 P.M.. The SC indicated clients #1, #2, #3, and #4 were developmentally capable of participating in the family dining process.</p> <p>9-3-8(a)</p>						